310-HH - END OF LIFE CARE AND ADVANCE CARE PLANNING

EFFECTIVE DATES: 10/01/17, 10/01/18, 03/01/19, UPON PUBLISHING[1]

APPROVAL DATES: 05/18/17, 07/11/18, 02/19/19, 03/05/25[2]

I. PURPOSE

This Policy applies to ~~AHCCCS Complete Care (~~ACC~~)~~, ACC-RBHA[3], ALTCS E/PD~~E P/D~~, DCS CHP (CHP)[4]~~DCS/CMDP (CMDP)~~, and DES ~~/~~DDD (DDD)~~, and RBHA~~ Contractors; Fee-For-Service (FFS) Programs ~~as delineated within this Policy~~ including:~~;~~ the American Indian Health Program (AIHP), Tribal ALTCS, and all FFS populations, excluding Federal Emergency Services Program (FESP) ~~unless otherwise delineated within this Policy~~. (For FESP, ~~see~~ refer to AMPM Chapter 1100). This Policy establishes requirements for ~~the concept of~~ End of Life (EOL) care and the provision of Advance Care Planning.

II. DEFINITIONS[5]

Refer to the AHCCCS Contract and Policy Dictionary for common terms found in this Policy.

~~For purposes of this Policy, the following terms are defined as:~~[6]

~~**ADVANCE DIRECTIVE**~~	~~A document by which a person makes provision for health care decisions in the event that, in the future, he/she becomes unable to make those decisions.~~
~~**ADVANCE CARE PLANNING**~~	~~A part of the End of Life care concept and is a billable service that is a voluntary face-to-face ongoing discussion between a qualified health care professional and the member to:~~ ~~Educate the member/guardian/ designated representative(s) about the member's illness and the health care options that are available to them,~~ ~~Develop a written plan of care that identifies the member's choices for treatment, and~~ ~~Share the member's wishes with family, friends, and his or her physicians.~~

[1] Date policy is effective.
[2] Date policy is approved.
[3] Revised to align with the Competitive Contract Expansion YH20-0002 to expand the provision of services for the awarded AHCCCS Complete Care (ACC) Contractors, changes made throughout policy.
[4] Comprehensive Medical and Dental Program (CMDP) changed to Comprehensive Health Plan (CHP) due to Behavioral health integration. Refer to Laws 2019, 1st Regular Session, changes made throughout policy.
[5] Added header for section II. Definitions.
[6] Removed to align with Contract and Policy formatting standards. Common terms can be found in the AHCCCS Contract and Policy Dictionary.

~~**CURATIVE CARE**~~	~~Health care practices that treat patients with the intent of curing them, not just reducing their pain or stress. An example is chemotherapy, which seeks to cure cancer patients.~~
~~**END-OF-LIFE (EOL) CARE**~~	~~A concept of care, for the duration of the member's life, that focuses on Advance Care Planning, the relief of stress, pain, or life-limiting effects of illness to improve quality of life for a member at any age who is currently or is expected to experience declining health, or is diagnosed with a chronic, complex or terminal illness.~~
~~**HOSPICE SERVICES**~~	~~A program of care and support for terminally ill members who meet the specified medical criteria/requirements.~~
~~**PRACTICAL SUPPORT**~~	~~Non-billable services provided to a member by a family member, friend or volunteer to assist or perform functions such as, but not limited to: housekeeping, personal care, food preparation, shopping, pet care, or non-medical comfort measures.~~

III. POLICY

A. END OF LIFE CARE CONCEPT

The End of Life[7] (EOL) care is member-centric care that includes Advance Care Planning, and the delivery of appropriate health care services and ~~P~~practical ~~S~~supports. The goals of EOL care focus~~es~~[8] on providing treatment, comfort, and quality of life for the duration of the member's life.

The EOL concept of care strives to ensure members achieve quality of life through the provision of services consistent with their personal values, goals, and preferences[9] such as:

1. Physical and/or behavioral health medical treatment to:
   a. Treat the underlying illness and other comorbidities,
   b. Relieve pain, and
   c. Relieve stress.

2. Referrals to community resources for services including, but not limited to:
   a. Pastoral services,
   b. Counseling services and
   c. Legal services.

3. Practical Supports are non-billable services provided by a family member, friend, or volunteer to assist or perform functions including, but not limited to:

[7] Defined acronym on first occurrence; changes made throughout Policy.
[8] Grammatical edits; changes made throughout Policy.
[9] Added requirements to align with Centers for Medicare and Medicaid Services (CMS) Coverage Database.

a. Housekeeping,
b. Personal cCare,
c. Food preparation,
d. Shopping,
e. Pet care, and
f. Non-medical comfort measures.

Members aged 21 years and older who receive EOL care may continue to receive Ccurative Ccare until they choose to receive hospice care.

Members under the age of 21 may receive Ccurative Ccare concurrently with EOL care and hospice care.

B. ADVANCE CARE PLANNING

Advance Ccare Pplanning is shall be[10] initiated by the member's qualified health care professional for a member, at any age, that is currently experiencing[11], or is expected to experience, declining health or is diagnosed with a chronic, complex, or terminal illness. Advance care planning is a covered, reimbursable service when provided by a qualified health care professional. For the purposes of Aadvance Ccare Pplanning, a qualified health care professional is a Medical Doctor (MD), Doctor of Osteopathic Medicine[12] (DO), Physician Assistant (PA)[13], or Nurse Practitioner (NP). Advance Ccare Pplanning is meant to be an ongoing process for the duration of the member's life. The provider may bill for providing advance care planning separately during a well or sick visit. Advance Ccare Pplanning often results in the creation of an Aadvance Ddirective for the member. Refer to AMPM Policy 640 for provider requirements pertaining to Aadvance Ddirectives.

1. The Contractors shall ensure providers perform the following as part of the EOL concept of care when treating qualifying members:
   a. Conduct a face-to-face discussion with the member/guardian/Health Care Decision Maker (HCDM)/Ddesignated Rrepresentative (DR)[14] to develop Advance Care Planning,
   b. Teach the member/guardian/HCDM/DRdesignated representative about the member's illness and the health care options that are available to the member to enable them to make educated decisions,
   c. Identify the members' healthcare, social, psychological, and spiritual needs,
   d. Develop a written member-centered plan of care that identifies the member's choices for care and treatment, as well as life goals,
   e. Share the member's wishes with family, friends, and his or her [15]physicians,
   f. Complete aAdvance dDirectives,

[10] Revised to standard language; changes made throughout Policy.
[11] Grammatical edit, separated by comma to distinguish between currently experiencing vs expected to experience.
[12] Added Medicine to complete wording for Doctor of Osteopathic Medicine.
[13] Removing acronym as acronym is utilized by another term.
[14] Revised to standard language for member/Health Care Decision Maker (HCDM)/Designated Representative (DR). Changes made throughout policy.
[15] Simplifying statement.

g. Refer to community resources based on member~~'~~s' needs, and
h. Assist the member/~~guardian/~~HCDM/DR ~~designated representative~~ in identifying and connecting to[16] p~~P~~ractical s~~S~~upports to meet the member~~'~~s' needs.

2. The Fee for Service providers shall provide each of the care elements as specified above when providing EOL care to FFS members. FFS providers may contact Division of Fee-for-Service Management (DFSM) Care Management for assistance with resource identification.[17]

~~2.~~3. The Contractor~~s~~ shall provide care management or[18] ~~/~~case management to ~~qualifying~~[19] members and coordinate with and support the member's provider in meeting the member's needs. In addition, the care/case manager ~~will~~ shall assist the member/~~guardian/~~HCDM/DR ~~designated representative in ensuring~~ with maintaining and updating, as needed, p~~P~~ractical s~~S~~upports and community resource referrals ~~are maintained or revised~~ [20]to meet the member's current needs.

C. HOSPICE SERVICES

Refer to AMPM Policy 310-J.

D. TRAINING

The Contractor~~s~~ shall ensure providers and their staff are educated in the concepts of EOL care, Advance ~~C~~care ~~P~~planning and ~~A~~advance ~~D~~directives.

E. NETWORK ADEQUACY

The Contractor~~s~~ shall ensure an adequate network of providers who are trained to conduct Advance ~~C~~care ~~P~~planning. Refer to ACOM Policy 415, Attachment B[21].

[16] Revised to complete the sentence.
[17] Added to address role of Fee-For-Services (FFS) providers in End Of Life care.
[18] Separated out care and case management.
[19] Removed qualifying; this is required for all members and members receiving End of Life Care.
[20] Revised for clarity.
[21] Specified attachment reference.